STATE COUNCIL FOR TECHNICAL EDUCATION & VOCATIONAL TRAINING, ODISHA

Beneficiary Name

SI.



ରାଜ୍ୟ ବୈଷୟିକ ଶିକ୍ଷା ଓ ପ୍ରଶିକ୍ଷଣ ପରିଷ୍ଦ, ଓଡ଼ିଶା

Beneficiary's Bank

NOTICE 39 /dt. 3/1/19

IFS Code

All the staff members who had been appointed as Confidential duty as per this office Order No.4851 dtd.3.12.2018 for Winter 2018 Examination from 3.12.2018 to 24.12.2018 are requested to submit their reports to the undersigned in the format given below on or before 10.01.2018 positively, failing which necessary action shall be initiated against them.

FORMATBank Details of the beneficiary/ employee/ vendors/ payee etc.

Account Type

No.		1		, , , , , , , , , , , , , , , , , , , ,
				Account No.
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İ				
I hereby request the Drawing & Disbursing Officer of SCTE&VT to electronically credit				
my entitlements/ claim to the Bank Account and other details furnished above, which are true				
and correct to the best of my knowledge.				
, , , , , , , , , , , , , , , , , , , ,				
Signature				
Signature				
(Name):				
Designation:				
•				
Address:				
Contact Number:				
e-mail ID:				
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		Mobile No.		119
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Memo No. 40 (2) /dt. 3/1/9 Copy to person concerned/ Concerned Principal for information and necessary action.				
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	1.16			2/1/19
Memo No. 4(2)/dt.3/1/19				
Copy to Secretary, SCTE&VT/ Section Officer (Acct.) SCTE&VT, Odisha for information and				
necessary action.				
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